

Substitute for form 1449/PTO				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				Application Number	10/661,052
				Filing Date	September 12, 2003
				First Named Inventor	Erol, Berna
				Art Unit	2162
				Examiner Name	Dennis Y. MYINT
Sheet	1	of	1	Attorney Docket Number	015358-009420US

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number Number Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. ¹	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ¹
		Country Code ³	Number ⁴	Kind Code ⁵ (if known)				

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	94-4_B	Notice of Allowance for U.S. Patent Application No. 10/696,735, mailed August 17, 2009, 6 pages. (Copy available to the Examiner via PAIR and accordingly not included with this IDS)	<input type="checkbox"/>
	94-4_C	Supplemental Notice of Allowance for U.S. Patent Application No. 10/696,735, mailed September 3, 2009, 2 pages. (Copy available to the Examiner via PAIR and accordingly not included with this IDS)	<input type="checkbox"/>
	94-4_D	Interview Summary for U.S. Patent Application No. 10/696,735, mailed September 3, 2009, 3 pages. (Copy available to the Examiner via PAIR and accordingly not included with this IDS)	<input type="checkbox"/>
	94-41_B	Notice of Allowance for U.S. Patent Application No. 12/350,900, mailed September 18, 2009, 9 pages. (Copy available to the Examiner via PAIR and accordingly not included with this IDS)	<input type="checkbox"/>

Examiner Signature		Date Considered	
---------------------------	--	------------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.